

United States Patent and Trademark Office

UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address: COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450

EXAMINER

VO. HUYEN X

NOTICE OF ALLOWANCE AND FEE(S) DUE

53962

102 N. KROHN PL.

SIOUX FALLS, SD 57103-1800

12/23/2005

COMMUNICATION SERVICES FOR THE DEAF, INC.

ART UNIT

PAPER NUMBER

2655

DATE MAILED: 12/23/2005

1	APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO. CONFIRMATION NO	\Box
	09/942,924	08/31/2001	Philip Bravin	05408.00001 8939	_

TITLE OF INVENTION: ENHANCED COMMUNICATIONS SERVICES FOR THE DEAF AND HARD OF HEARING

APPLN. TYPE **SMALL ENTITY ISSUE FEE** PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE \$700 03/23/2006 nonprovisional

THE APPLICATION IDENTIFIED ABOVE HAS BEEN EXAMINED AND IS ALLOWED FOR ISSUANCE AS A PATENT. PROSECUTION ON THE MERITS IS CLOSED. THIS NOTICE OF ALLOWANCE IS NOT A GRANT OF PATENT RIGHTS. THIS APPLICATION IS SUBJECT TO WITHDRAWAL FROM ISSUE AT THE INITIATIVE OF THE OFFICE OR UPON PETITION BY THE APPLICANT. SEE 37 CFR 1.313 AND MPEP 1308.

THE ISSUE FEE AND PUBLICATION FEE (IF REQUIRED) MUST BE PAID WITHIN THREE MONTHS FROM THE MAILING DATE OF THIS NOTICE OR THIS APPLICATION SHALL BE REGARDED AS ABANDONED. <u>STATUTORY PERIOD CANNOT BE EXTENDED.</u> SEE 35 U.S.C. 151. THE ISSUE FEE DUE INDICATED ABOVE REFLECTS A CREDIT FOR ANY PREVIOUSLY PAID ISSUE FEE APPLIED IN THIS APPLICATION. THE PTOL-85B (OR AN EQUIVALENT) MUST BE RETURNED WITHIN THIS PERIOD EVEN IF NO FEE IS DUE OR THE APPLICATION WILL BE REGARDED AS ABANDONED.

HOW TO REPLY TO THIS NOTICE:

I. Review the SMALL ENTITY status shown above.

If the SMALL ENTITY is shown as YES, verify your current SMALL ENTITY status:

A. If the status is the same, pay the TOTAL FEE(S) DUE shown above.

B. If the status above is to be removed, check box 5b on Part B -Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and twice the amount of the ISSUE FEE shown above, or

If the SMALL ENTITY is shown as NO:

A. Pay TOTAL FEE(S) DUE shown above, or

B. If applicant claimed SMALL ENTITY status before, or is now claiming SMALL ENTITY status, check box 5a on Part B - Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and 1/2 the ISSUE FEE shown above.

II. PART B - FEE(S) TRANSMITTAL should be completed and returned to the United States Patent and Trademark Office (USPTO) with your ISSUE FEE and PUBLICATION FEE (if required). Even if the fee(s) have already been paid, Part B - Fee(s) Transmittal should be completed and returned. If you are charging the fee(s) to your deposit account, section "4b" of Part B - Fee(s) Transmittal should be completed and an extra copy of the form should be submitted.

III. All communications regarding this application must give the application number. Please direct all communications prior to issuance to Mail Stop ISSUE FEE unless advised to the contrary.

IMPORTANT REMINDER: Utility patents issuing on applications filed on or after Dec. 12, 1980 may require payment of maintenance fees. It is patentee's responsibility to ensure timely payment of maintenance fees when due.

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 ĥ

or Fax (571) 273-2885

	CE ADDRESS (Note: Use Block 1 for	any change of address)	Note: A certificate	of mailing can only be used f	or domestic mailings of the		
			papers. Each additio	This certificate cannot be used nal paper, such as an assignment	ent or formal drawing, mu		
	590 12/23/2005		have its own certific	ate of mailing or transmission.			
COMMUNICAT 102 N. KROHN PI	TION SERVICES FO L.	R THE DEAF, INC.	I hereby certify that	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the Unit States Postal Service with sufficient postage for first class mail in an envelope			
SIOUX FALLS, SI	D 57103-1800		addressed to the M transmitted to the US	I hereby certify that this Fee(s) Transmittal is being deposited with the Unit States Postal Service with sufficient postage for first class mail in an envelo addressed to the Mail Stop ISSUE FEE address above, or being transmitted to the USPTO (571) 273-2885, on the date indicated below.			
					(Depositor's nam		
`					(Signatus		
					(Da		
APPLICATION NO.	FILING DATE	FIRST NAME	D INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.		
09/942,924	08/31/2001	Philip	Bravin	05408.00001	8939		
TLE OF INVENTION: E	NHANCED COMMUNICA	TIONS SERVICES FOR THE	DEAF AND HARD OF HEA	RING			
APPLN, TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE		
nonprovisional	YES	\$700	\$0	\$700	03/23/2006		
EXAM	IINER	ART UNIT	CLASS-SUBCLASS				
VO, HU	JYEN X	2655	704-271000				
	e address or indication of "Fo	ee Address" (37 2. For pri	nting on the patent front page,	list			
R 1.363).	laman addassa (as Chaman af	(1) the na	imes of up to 3 registered pat	tent attorneys 1			
Change of correspondence Address (or Change of Correspondence Address form PTO/SB/122) attached.			OR, alternatively,				
Address form PTO/SB/12	22) attached.	(2) the me	• • • • • • • • • • • • • • • • • • • •	a a			
□ "Fee Address" indicat	tion (or "Fee Address" Indica	tion form registered	me of a single firm (having as	imes of up to			
□ "Fee Address" indicat	22) attached. tion (or "Fee Address" Indica or more recent) attached. Use	tion form registered 2 register	me of a single firm (having a	imes of up to	<u> </u>		
Address form PTO/SB/1. "Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required.	tion (or "Fee Address" Indica or more recent) attached. Use	tion form registered 2 register	ame of a single firm (having and attorney or agent) and the na ed patent attorneys or agents. name will be printed.	imes of up to			
Address form PTO/SB/1. "Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unless	tion (or "Fee Address" Indica or more recent) attached. Use D RESIDENCE DATA TO B an assignce is identified be	tion form of a Customer E PRINTED ON THE PATEN	ame of a single firm (having as l attorney or agent) and the na ed patent attorneys or agents. name will be printed. T (print or type) pear on the patent. If an assi	imes of up to	document has been filed		
Address form PTO/SB/1. "Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unless	pion (or "Fee Address" Indicator more recent) attached. Use DRESIDENCE DATA TO Be an assignee is identified be a 37 CFR 3.11. Completion of	tion form of a Customer E PRINTED ON THE PATEN clow, no assignce data will app of this form is NOT a substitute	ame of a single firm (having as l attorney or agent) and the na ed patent attorneys or agents. name will be printed. T (print or type) pear on the patent. If an assi	gnee is identified below, the o	document has been filed		
Address form PTO/SB/1. "Fee Address" indicat PTO/SB/47; Rev 03-02. Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in	pion (or "Fee Address" Indicator more recent) attached. Use DRESIDENCE DATA TO Be an assignee is identified be a 37 CFR 3.11. Completion of	tion form of a Customer E PRINTED ON THE PATEN clow, no assignce data will app of this form is NOT a substitute	ame of a single firm (having an attorney or agent) and the na ed patent attorneys or agents. name will be printed. T (print or type) pear on the patent. If an assignment.	gnee is identified below, the o	document has been filed		
Address form PTO/SB/1. "Fee Address" indicat PTO/SB/47; Rev 03-02. Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in	pion (or "Fee Address" Indicator more recent) attached. Use DRESIDENCE DATA TO Be an assignee is identified be a 37 CFR 3.11. Completion of	tion form of a Customer E PRINTED ON THE PATEN clow, no assignce data will app of this form is NOT a substitute	ame of a single firm (having an attorney or agent) and the na ed patent attorneys or agents. name will be printed. T (print or type) pear on the patent. If an assignment.	gnee is identified below, the o	document has been filed		
Address form PTO/SB/1. "Fee Address" indicat PTO/SB/47; Rev 03-02 Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN.	tion (or "Fee Address" Indicator more recent) attached. Use D RESIDENCE DATA TO B an assignce is identified be a 37 CFR 3.11. Completion of EE	tion form of a Customer E PRINTED ON THE PATEN clow, no assignce data will app of this form is NOT a substitute	ame of a single firm (having an attorney or agent) and the na ed patent attorneys or agents. name will be printed. T (print or type) pear on the patent. If an assignment. CE: (CITY and STATE OR CO	gnee is identified below, the o			
Address form PTO/SB/1. "Fee Address" indicat PTO/SB/47; Rev 03-02 Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN.	tion (or "Fee Address" Indicator more recent) attached. Use D RESIDENCE DATA TO B an assignce is identified be a 37 CFR 3.11. Completion of EE	tion form of a Customer E PRINTED ON THE PATEN clow, no assignee data will app of this form is NOT a substitute (B) RESIDENCE	ame of a single firm (having an attorney or agent) and the na ed patent attorneys or agents. name will be printed. T (print or type) pear on the patent. If an assignment. CE: (CITY and STATE OR Compatent):	gnee is identified below, the country)			
Address form P10/SB/1. "Fee Address" indicate PT0/SB/47; Rev 03-02 of Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN tase check the appropriate The following fec(s) are Issue Fee	tion (or "Fee Address" Indicator more recent) attached. Use D RESIDENCE DATA TO B an assignee is identified be a 37 CFR 3.11. Completion of EE	tion form of a Customer PRINTED ON THE PATEN clow, no assignee data will app of this form is NOT a substitute (B) RESIDEN ties (will not be printed on the 4b. Payment of A check	ame of a single firm (having an attorney or agent) and the na ed patent attorneys or agents. name will be printed. T (print or type) pear on the patent. If an assignment. CE: (CITY and STATE OR Compatent):	gnee is identified below, the of OUNTRY) Corporation or other private gr			
Address form PTO/SB/1. "Fee Address" indicate PTO/SB/47; Rev 03-02 of Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN. The following fee(s) are Issue Fee Publication Fee (No s	tion (or "Fee Address" Indicator more recent) attached. Use PRESIDENCE DATA TO Be an assignee is identified be a 37 CFR 3.11. Completion of EE	tion form of a Customer E PRINTED ON THE PATEN clow, no assignce data will app of this form is NOT a substitute (B) RESIDEN Ties (will not be printed on the part of the payment of the	ame of a single firm (having an attorney or agent) and the na ed patent attorneys or agents. T (print or type) pear on the patent. If an assigner or for filing an assignment. CE: (CITY and STATE OR Compatent): Individual Fee(s): in the amount of the fee(s) is at by credit card. Form PTO-20	gnee is identified below, the country) Corporation or other private grenclosed.	oup entity Governme		
Address form PTO/SB/1. "Fee Address" indicate PTO/SB/47; Rev 03-02 of Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN. The following fee(s) are Issue Fee Publication Fee (No s	tion (or "Fee Address" Indicator more recent) attached. Use D RESIDENCE DATA TO B an assignee is identified be a 37 CFR 3.11. Completion of EE	tion form of a Customer E PRINTED ON THE PATEN clow, no assignce data will app of this form is NOT a substitute (B) RESIDEN Ties (will not be printed on the part of the pa	ame of a single firm (having an attorney or agent) and the naded patent attorneys or agents. T (print or type) pear on the patent. If an assigner or a sign and a signment. CE: (CITY and STATE OR Compatent): Individual Fee(s): in the amount of the fee(s) is at by credit card. Form PTO-20 ector is hereby authorized by	gnee is identified below, the of OUNTRY) Corporation or other private grenclosed.	oup entity Government		
Address form P10/SB/1. "Fee Address" indicases "indicases" indicases North P10/SB/47; Rev 03-022 Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN asse check the appropriate The following fee(s) are Issue Fee Publication Fee (No s Advance Order - # of	tion (or "Fee Address" Indicator more recent) attached. Use PRESIDENCE DATA TO Be an assignee is identified be a 37 CFR 3.11. Completion of EE	tion form of a Customer PRINTED ON THE PATEN clow, no assignee data will app of this form is NOT a substitute (B) RESIDENCY Ties (will not be printed on the part of the pa	ame of a single firm (having an attorney or agent) and the naded patent attorneys or agents. T (print or type) pear on the patent. If an assigner or a sign and a signment. CE: (CITY and STATE OR Compatent): Individual Fee(s): in the amount of the fee(s) is at by credit card. Form PTO-20 ector is hereby authorized by	gnee is identified below, the country) Corporation or other private grenclosed.	oup entity Government		
Address form PTO/SB/1. "Fee Address" indicases" indicases in the PTO/SB/47; Rev 03-02 (Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN. Lase check the appropriate The following fee(s) are Issue Fee Publication Fee (No s Advance Order - # of Change in Entity Status	tion (or "Fee Address" Indicator more recent) attached. Use of RESIDENCE DATA TO Be an assignee is identified be a 37 CFR 3.11. Completion of EE	tion form of a Customer PRINTED ON THE PATEN clow, no assignee data will app of this form is NOT a substitute (B) RESIDENC Ties (will not be printed on the 4b. Payment of A check d) Paymen The Dir Deposit Accept	ame of a single firm (having an attorney or agent) and the na ed patent attorneys or agents. T (print or type) pear on the patent. If an assigner or for filing an assignment. CE: (CITY and STATE OR Compatent): Individual Individu	gnee is identified below, the of OUNTRY) Corporation or other private grenclosed.	credit any overpayment, copy of this form).		
Address form P10/SB/1. "Fee Address" indicases" indicases in the P10/SB/47; Rev 03-02 (Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN. Lase check the appropriate The following fee(s) are Issue Fee Publication Fee (No s Advance Order - # of Change in Entity Status a. Applicant claims Si	tion (or "Fee Address" Indicator more recent) attached. Use of RESIDENCE DATA TO Be an assignee is identified be a 37 CFR 3.11. Completion of EE assignee category or category enclosed: In an assignee category or category enclosed: In a completion of the completion of the category enclosed: In a completion of the category	tion form of a Customer PRINTED ON THE PATEN clow, no assignee data will app of this form is NOT a substitute (B) RESIDENC ties (will not be printed on the 4b. Payment of A check d) Paymen The Dir Deposit Acc 37 CFR 1.27. b. Appli	ame of a single firm (having an attorney or agent) and the na ed patent attorneys or agents. T (print or type) pear on the patent. If an assigner or for filing an assignment. CE: (CITY and STATE OR Compatent): Individual Individu	gnee is identified below, the control of the contro	roup entity Government, credit any overpayment, copy of this form).		
Address form P10/SB/1. "Fee Address" indicases" indicases in the P10/SB/47; Rev 03-02 (Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN. Lase check the appropriate The following fee(s) are Issue Fee Publication Fee (No s Advance Order - # of Change in Entity Status a. Applicant claims Si e Director of the USPTO DTE: The Issue Fee and Perest as shown by the records.	tion (or "Fee Address" Indicator more recent) attached. Use of RESIDENCE DATA TO Be an assignee is identified be a 37 CFR 3.11. Completion of EE assignee category or category can be a satisfied be a sa	registered 2 registered 2 registered 2 registered 2 registered 2 registered isted, no E PRINTED ON THE PATEN clow, no assignee data will appoint his form is NOT a substitute (B) RESIDENG (B) RESIDENG (B) Payment of A check (B) Pa	ame of a single firm (having an attorney or agent) and the na ed patent attorneys or agents. T (print or type) pear on the patent. If an assigner or for filing an assignment. CE: (CITY and STATE OR Compatent): Individual Fee(s): in the amount of the fee(s) is at by credit card. Form PTO-20 ector is hereby authorized by count Number cant is no longer claiming SM my) or to re-apply any previous e other than the applicant; a re-	gnee is identified below, the country) Corporation or other private grenclosed. 38 is attached. charge the required fee(s), or (enclose an extra country) ALL ENTITY status. See 37 Country paid issue fee to the applicagistered attorney or agent; or to	credit any overpayment, copy of this form). CFR 1.27(g)(2). ation identified above, he assignce or other party		
Address form P10/SB/1. "Fee Address" indicases" indicases in the P10/SB/47; Rev 03-02 (Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN. Lase check the appropriate The following fee(s) are Issue Fee Publication Fee (No s Advance Order - # of Change in Entity Status a. Applicant claims Si e Director of the USPTO DTE: The Issue Fee and Perest as shown by the records.	tion (or "Fee Address" Indicator more recent) attached. Use of RESIDENCE DATA TO Be an assignee is identified be a 37 CFR 3.11. Completion of EE assignee category or category can be a satisfied be a sa	registered 2 registered 2 registered 2 registered 2 registered 2 registered isted, no E PRINTED ON THE PATEN clow, no assignee data will appoint his form is NOT a substitute (B) RESIDENG (B) RESIDENG (B) Payment of A check (B) Pa	ame of a single firm (having an attorney or agent) and the na ed patent attorneys or agents. T (print or type) pear on the patent. If an assigner or for filing an assignment. CE: (CITY and STATE OR Compatent): Individual Fee(s): in the amount of the fee(s) is at by credit card. Form PTO-20 ector is hereby authorized by count Number cant is no longer claiming SM my) or to re-apply any previous e other than the applicant; a re-	gnee is identified below, the country) Corporation or other private grenclosed. 38 is attached. charge the required fee(s), or (enclose an extra country) ALL ENTITY status. See 37 Country paid issue fee to the applicagistered attorney or agent; or to	credit any overpayment, copy of this form). CFR 1.27(g)(2). ation identified above, the assignce or other party		
Address form P10/SB/1. "Fee Address" indicases" indicases in the P10/SB/47; Rev 03-02 (Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN. Lase check the appropriate The following fee(s) are Issue Fee Publication Fee (No son Advance Order - # of Change in Entity Status a. Applicant claims SI e Director of the USPTO PTE: The Issue Fee and Perest as shown by the record Authorized Signature Typed or printed name	tion (or "Fee Address" Indicator more recent) attached. Use or more recent) attached. Use of the property of t	tion form of a Customer Pegistered 2 registered 2 registered 2 registered 2 registered 2 registered 1 isted, no E PRINTED ON THE PATEN clow, no assignee data will apply fithis form is NOT a substitute (B) RESIDENG 4b. Payment of A check d) Paymen The Dir Deposit Acc 37 CFR 1.27. b. Appli are Fee and Publication Fee (if a rill not be accepted from anyon nt and Trademark Office.	ame of a single firm (having an attorney or agent) and the naed patent attorneys or agents. T (print or type) pear on the patent. If an assignment. CE: (CITY and STATE OR Compatent): Individual Fee(s): in the amount of the fee(s) is at by credit card. Form PTO-20 ector is hereby authorized by count Number cant is no longer claiming SM my) or to re-apply any previouse other than the applicant; a relation. Date Registratic	gnee is identified below, the control of the contro	credit any overpayment, copy of this form). CFR 1.27(g)(2). ation identified above, the assignce or other party		

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTOL-85 (Rev. 07/05) Approved for use through 04/30/2007.

OMB 0651-0033 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE



United States Patent and Trademark Office

UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address: COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450

APPLICATION NO.	FILING DATE	. FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/942,924	08/31/2001	Philip Bravin	05408.00001	8939 ,
53962 7:	590 12/23/2005		EXAMINER	
	ION SERVICES FO	VO, HUYEN X		
102 N. KROHN PI SIOUX FALLS, SI	_ ''•'		ART UNIT	PAPER NUMBER
			2655	

DATE MAILED: 12/23/2005

Determination of Patent Term Adjustment under 35 U.S.C. 154 (b)

(application filed on or after May 29, 2000)

The Patent Term Adjustment to date is 685 day(s). If the issue fee is paid on the date that is three months after the mailing date of this notice and the patent issues on the Tuesday before the date that is 28 weeks (six and a half months) after the mailing date of this notice, the Patent Term Adjustment will be 685 day(s).

If a Continued Prosecution Application (CPA) was filed in the above-identified application, the filing date that determines Patent Term Adjustment is the filing date of the most recent CPA.

Applicant will be able to obtain more detailed information by accessing the Patent Application Information Retrieval (PAIR) WEB site (http://pair.uspto.gov).

Any questions regarding the Patent Term Extension or Adjustment determination should be directed to the Office of Patent Legal Administration at (571) 272-7702. Questions relating to issue and publication fee payments should be directed to the Customer Service Center of the Office of Patent Publication at (703) 305-8283.